



WELL COMPLETION OR RECOMPLETION REPORT - FORM 6

INDUSTRIAL COMMISSION OF NORTH DAKOTA
OIL AND GAS DIVISION
600 EAST BOULEVARD DEPT 405
BISMARCK, ND 58505-0840
SFN 2468 (03-2001)

Well File No.

PLEASE READ INSTRUCTIONS BEFORE FILLING OUT FORM.
PLEASE SUBMIT THE ORIGINAL AND THREE COPIES.

Designate Type of Completion Oil Well Gas Well Recompletion SWD Well EOR Well Deepened Well Water Supply Well Other:				Well Name and Number	
				Spacing Unit Description	
Operator		Telephone Number		Field	
Address				Pool	
City	State	Zip Code	Permit Type Wildcat Development Extension		

LOCATION OF WELL

At Surface F L F L		Qtr-Qtr	Section	Township N	Range W	County
At Top Producing Interval, Reported Below F L F L		Qtr-Qtr	Section	Township N	Range W	Number of DSTs Run (See Back)
At Total Depth F L F L		Qtr-Qtr	Section	Township N	Range W	Directional Survey Run? No Yes
Spud Date	Date TD Reached	Drilling Contractor and Rig Number		KB Elevation	Total Depth (Feet) MD TVD	
Producing Interval(s), This Completion, Top, Bottom, Name (MD and TVD)					Plug Back TD (Feet) (See Back) MD TVD	
Type of Electric and Other Logs Run (See Instructions)				Was Well Cored? No Yes List Intervals:		

CASING RECORD (Report all strings set in well)

Casing Size (Inches)	Measured Depth Set (Feet)	Hole Size (Inches)	Weight (Lbs/Ft)	Sacks Cement	Top of Cement

LINER RECORD

TUBING RECORD

Liner Size (Inches)	Hole Size (Inches)	Top (MD) (Feet)	Bottom (MD) (Feet)	Sacks Cement	Size (Inches)	Depth Set (MD) (Ft)	Anchor Set (MD) (Ft)	Packer Set (MD) (Ft)

PERFORATION RECORD

Interval (MD)	Holes Per Foot	Potential (Oil/Water)	Acid, Frac, Sqz, Etc.	Amount and Kind of Material Used

PRODUCTION

Date of First Production Through Permanent Wellhead		Producing Method (Flowing, Gas Lift, Pumping - Size & Type of Pump)				Well Status (Producing or Shut-In)	
Date of Test	Hours Tested	Choke Size	Production for Test	Oil (Bbls)	Gas (MCF)	Water (Bbls)	Oil Gravity - API (Corr.)
Flowing Tubing Pressure (PSI)	Casing Pressure (PSI)	Calculated 24-Hour Rate	Oil (Bbls)	Gas (MCF)	Water (Bbls)	Gas-Oil Ratio	
Test Witnessed By		Oil Purchaser	Oil Transporter			Disposition of Gas	

GEOLOGICAL MARKERS

Formation	MD (Feet)	TVD (Feet)

PLUG BACK INFORMATION

Type of Plug	Interval/Depth	Sacks Cement

DRILL STEM TEST DATA, ADDITIONAL INFORMATION, AND/OR LIST OF ATTACHMENTS

I hereby swear or affirm that the information herein provided is true, complete and correct as determined from all available records.			Date
Signature	Printed Name	Title	

Above Signature Witnessed By

Witness Signature	Witness Printed Name	Witness Title
-------------------	----------------------	---------------

WELL COMPLETION OR RECOMPLETION REPORT - FORM 6
SFN 2468

1. This report shall be filed by the operator with the Commission immediately after the completion of a well in an unspaced pool or reservoir. Please refer to Section 43-02-03-31 of the North Dakota Administrative Code (NDAC).
2. This report shall be filed by the operator with the Commission within thirty (30) days after the completion of a well, or recompletion of a well in a different pool. Please refer to Section 43-02-03-31 NDAC.
3. The well file number, operator, well name and number, field, pool, permit type, well location(s), and any other pertinent data shall coincide with the official records on file with the Commission. If it does not, an explanation shall be given.
4. If a parasite string was used in the drilling of a well, the size, depth set, cement volume used to plug, and the date plugged shall be included. This information may be included in the "Additional Information" portion of the report or included as an attachment.
5. On horizontal or directional wells, the following information shall be included if applicable: pilot hole total depth, kick-off point, original lateral total depth, and all sidetracked interval starting and ending footages. This information may be included in the "Additional Information" portion of the report or included as an attachment.
6. On multiple leg wells, the producing intervals shall be reported for each leg. If additional room is needed, please report this in the "Additional Information" portion of the report or include as an attachment.
7. For EOR wells or SWD wells, please report the date the well is completed (ready for injection) in the "Date of First Production Through Permanent Wellhead" portion of the report. Also, please report the packer type and depth and the tubing size, depth, and type. The packer and tubing type may be included in the "Additional Information" portion of the report.
8. The top of the Dakota Formation shall be included in the "Geological Markers".
9. The operator shall file with the Commission two copies of all logs run. Logs shall be submitted as one paper copy and one digital LAS (log ASCII) formatted copy, or a format approved by the Director. In addition, operators shall file two copies of the following: drill stem test reports and charts, core analyses, formation water analyses and noninterpretive lithologic logs or sample descriptions if compiled.
10. Two certified copies of any directional survey run shall be filed directly with the Commission by the survey contractor.
11. The original and three copies of this report shall be filed with the Industrial Commission of North Dakota, Oil and Gas Division, 600 East Boulevard, Dept. 405, Bismarck, ND 58505-0840.